

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

10/518783

REQUEST FOR PATENT FEE REFUND		10/518783		
1 Date of Request:		2 Serial/Patent #		
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
<input checked="" type="checkbox"/> Filing	1	12/20/04	\$ 100	
<input type="checkbox"/> Amendment			\$	
<input type="checkbox"/> Extension of Time			\$	
<input type="checkbox"/> Notice of Appeal/Appeal			\$	
<input type="checkbox"/> Petition			\$	
<input type="checkbox"/> Issue			\$	
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$	
<input type="checkbox"/> Maintenance			\$	
<input type="checkbox"/> Assignment			\$	
<input type="checkbox"/> Other			\$	
		7 TOTAL AMOUNT OF REFUND	\$ 100	
8 TO BE REFUNDED BY:				
<input type="checkbox"/> Overpayment		Treasury Check		
<input checked="" type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:	9, 12-1095	
10 REASON: <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		A Johnson	TITLE: paralegal	
SIGNATURE:		<i>A Johnson</i>	PHONE: 308-9140	
OFFICE: *****				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED:		DATE:		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance

Refund Branch

Park One, Room 802B